

**DEPARTMENT OF SOCIAL AND HEALTH SERVICES
MEDICAL ASSISTANCE ADMINISTRATION
Olympia, Washington**

To: DME Providers
Pharmacists
Home Health Agencies
Managed Care Plans

Memorandum No: 04-16 MAA
Issued: April 15, 2004

For Information Contact:
Toll Free: 1-800-562-6188

From: Douglas Porter, Assistant Secretary
Medical Assistance Administration

**Subject: Non-Durable Medical Supplies and Equipment (MSE): New and Deleted
HCPCS Codes, Policy Changes, and Billing Clarifications**

Retroactive to dates of service on and after April 1, 2004, the Medical Assistance Administration (MAA) has implemented the following changes to MAA's Non-Durable Medical Supplies and Equipment (MSE) Billing Instructions:

- New and deleted HCPCS* codes;
- Policy changes; and
- Billing Clarifications.

New and Deleted HCPCS Codes

The Centers for Medicare and Medicaid (CMS) added and deleted HCPCS codes effective January 2004. MAA has updated its Non-Durable Medical Supplies and Equipment (MSE) fee schedule to reflect these changes.



Note: New HCPCS codes are designated with a “new” icon next to the code. Those HCPCS codes with a “#” symbol in the maximum allowable column are not covered by MAA.

Attached is the fee schedule (Section G) for MAA's Nondurable Medical Supplies and Equipment (MSE) Billing Instructions, dated October 2003, reflecting these changes.

Policy Changes

MAA has made changes to prior authorization requirements for Nondurable MSE. These changes include updates to the Washington State Expedited Prior Authorization Criteria Coding List. Attached are pages E.7 and E.8 for MAA's Nondurable Medical Supplies and Equipment (MSE) Billing Instructions, dated October 2003, reflecting these changes.

* HCPCS stands for Healthcare Common Procedure Coding System

Billing Clarifications

The following are billing clarifications that MAA has added to its Nondurable Medical Supplies and Equipment (MSE) Billing Instructions:

Billing Clarification	Page Number
Reminder: Barrier creams listed in the Ostomy Supplies section of the MSE fee schedule are to be used for Ostomy diagnosis only. MAA does not allow them for incontinence.	D.2
Reminder: All written prior authorization requests must have a valid prescription attached.	E.2
Added place of service "13" to the description for field "24B" in the instructions for completing HCFA-1500 and HCFA-1500 crossover claims.	I.4 and J.6

Attached are replacement pages D.1/D.2, E.1/E.2, I.3/I.4, and J.5/J.6 for MAA's Nondurable Medical Supplies and Equipment (MSE) Billing Instructions, dated October 2003, that reflect these billing clarifications.

To obtain MAA's provider numbered memoranda and billing instructions, go to MAA's website at <http://maa.dshs.wa.gov> (click on the Provider Publications/Fee Schedules link).

Bill your usual and customary charges.

Send reimbursement issues, questions, or comments to:

DME Manager
Professional Reimbursement Section
Division of Business and Finance
PO Box 45510
Olympia, Washington 98504-5510
Fax # (360) 753-9152

Send authorization issues, questions, or comments to:

Durable Medical Equipment Program
Management Unit (DMEPMU)
Division of Medical Management
PO Box 45506
Olympia Washington 98504-5506
1-800-292-8064
Fax # (360) 586-5299

Coverage/Limitations

What is covered? [Refer to WAC 388-543-1100]

The Medical Assistance Administration (MAA) covers the following subject to the provisions of this billing instruction:

- Equipment and supplies prescribed in accordance with an approved plan of treatment under the home health program;
- Disposable/nonreusable supplies; and
- Compliance packaging.



Note: For a complete listing of covered medical equipment and related supplies, refer to the *Fee Schedule* section.

What are the general conditions of coverage?

MAA covers the services listed above only when all of the following apply. The services must be:

- Medically necessary (see *Definitions* section). The provider or client must submit to MAA sufficient objective evidence to establish medical necessity. Information used to establish medical necessity includes, but is not limited to, the following:
 - ✓ A physiological description of the client's disease, injury, impairment, or other ailment, and any changes in the client's condition written by the prescribing physician, licensed prosthetist and/or orthotist, physical therapist, occupational therapist, or speech therapist; or
 - ✓ Video and/or photograph(s) of the client demonstrating the impairments and the client's ability to use the requested equipment, when applicable.
- Within the scope of an eligible client's medical care program (see *Client Eligibility* section);
- Within accepted medical or physical medicine community standards of practice;
- Prior authorized (see section E, *Prior Authorization*);

Nondurable Medical Supplies and Equipment

- Prescribed by a physician or other licensed practitioner of the healing arts and are within the scope of his or her practice as defined by state law. The prescription must state the specific item or service requested, diagnosis, prognosis, estimated length of need (weeks or months, not to exceed six months before being reevaluated), and quantity; and
- Billed to the department as the payor of last resort only. For example, MAA does not pay first and then collect from Medicare second.



Note: The evaluation of a By Report (BR) item, procedure, or service for its medical appropriateness and reimbursement value is on a case-by-case basis.

What are other specific conditions of coverage?

• Disposable/Nonreusable Supplies

Most disposable/nonreusable supplies do not require prior approval; however, they must be medically necessary and the least costly alternative. When providers do not bill the least costly alternative, they must keep medical justification from the prescribing provider in their files to justify the more expensive item.



- Note:**
- Billing provisions are limited to a one-month supply only.
 - For a complete list of program limitations, refer to the *Fee Schedule*.
 - Barrier creams listed in the Ostomy Supplies section of the MSE fee schedule are to be used for Ostomy diagnosis only. MAA does not allow them for incontinence.

• Clients Residing in a Nursing Facility

MAA reimburses for supplies required for nursing facility resident care through the nursing facility fixed per diem rate except for the following, which are reimbursed separately:

- ✓ Supplies or services replacing all or parts of the function of a permanently impaired or malfunctioning internal body organ:
 - Colostomy (and other ostomy) bags and necessary supplies; and
 - Urinary retention catheters, tubes, and bags (does not include irrigation supplies);
- ✓ Supplies for intermittent catheterization programs (the catheter is inserted and removed each time the procedure is done); and

Authorization

What is prior authorization?

Prior authorization (PA) is MAA's approval for certain medical services, equipment, or supplies, before the services are provided to clients, as a precondition for provider reimbursement.

Expedited prior authorization (EPA) and limitation extensions are forms of prior authorization.

Which items and services require prior authorization?

[Refer to WAC 388-543-1600 and 2800]

MAA bases its determination about which MSE and related services require PA or EPA on utilization criteria. MAA considers all of the following when establishing utilization criteria:

- High cost;
- Potential for utilization abuse;
- Narrow therapeutic indication; and
- Safety.

MAA requires providers to obtain PA for the following:

- Certain By Report (BR) MSE as specified in these billing instructions;
- Blood glucose monitors requiring special features;
- Decubitus care products and supplies;
- Other MSE not specifically listed in these billing instructions and submitted as a miscellaneous procedure code; and
- Limitation extensions.

MAA requires providers to obtain PA for items and services when the client fails to meet the expedited prior authorization criteria in these billing instructions.

General Policies for Prior Authorization

[Refer to WAC 388-543-1800]

- For PA requests, MAA requires the prescribing provider to furnish patient-specific justification for base equipment and each requested line item accessory or modification as identified by the manufacturer as a separate charge. MAA does not accept general standards of care or industry standards for generalized equipment as justification.
- When MAA receives an initial request for PA, the prescription(s) for those items or services cannot be older than three months from the date MAA receives the request.
- All written prior authorization requests must have a valid prescription attached.
- MAA requires certain information from providers in order to prior authorize the purchase or rental of equipment. This information includes, but is not limited to, the following:
 - ✓ The manufacturer's name;
 - ✓ The equipment model and serial number;
 - ✓ A detailed description of the item; and
 - ✓ Any modifications required, including the product or accessory number as shown in the manufacturer's catalog.
- MAA authorizes BR items that require PA and are listed in the *Fee Schedule* only if medical necessity is established and the provider furnishes all of the following information to MAA:
 - ✓ A detailed description of the item or service to be provided;
 - ✓ The cost or charge for the item;
 - ✓ A copy of the manufacturer's invoice, price list or catalog with the product description for the item being provided; and
 - ✓ A detailed explanation of how the requested item differs from an already existing code description.
- A provider may resubmit a request for PA for an item or service that MAA has denied. MAA requires the provider to include new documentation that is relevant to the request.
- If a provider does not obtain prior authorization, MAA will deny the billing, and the client must not be held financially responsible for the service.



Note: Written requests for prior authorization must be submitted to MAA on a HCFA-1500 claim form with the date of service left blank and a copy of the prescription attached.

Washington State Expedited Prior Authorization Criteria Coding List

Code	Criteria	Code	Criteria
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Note: The following pertains to EPA numbers 764 - 863:

- 1) If the medical condition does not meet **all** of the specified criteria, prior authorization must be obtained by submitting a request in writing to DME Program Management Unit (see the *Important Contacts* section) or by calling the authorization toll-free number at 1-800-292-8064.
- 2) It is the vendor's responsibility to determine whether the client has already used the product allowed with the EPA criteria within the previous 30 days.
- 3) For extension of authorization beyond the EPA amount allowed, the normal prior authorization process is required.
- 4) Must have a valid physician prescription as described in WAC 388-543-1100(d))
- 5) Length of need/life expectancy, as determined by the prescribing physician, and medical justification (including **all** of the specified criteria) must be documented in the client's file.
- 6) You may bill for only one procedure code, per client, per month.

Miscellaneous Supplies

Procedure Code: T5999

764 Breast pump kit for electric breast pump. Purchase allowed when **all** of the following criteria are met:

- a) When needed for use with an authorized electric breast pump (either prior authorization or EPA);
- b) Client is not in a nursing facility; and
- c) When prescribed by a physician.

Procedure Code: A4335

851 Incontinence supply, use for diaper doublers, each (age 3 and up). Included in nursing facility daily rate. Purchase of 90 per month allowed when all of the following criteria are met:

- a) If product is used for extra absorbency at nighttime only; and
- b) When prescribed by a physician.

852 Incontinence supply, use for diaper doublers, each (age 3 and up). Included in nursing facility daily rate.

Up to equal amount of diapers/briefs received if **one** of the following criteria for clients is met:

- a) Tube fed;
- b) On diuretics or other medication that causes frequent/large amounts of output; or
- c) Brittle diabetic with blood sugar problems.

Procedure Code: T5999

853 Disinfectant spray, 12 oz. Purchase of 1 per client every 6 months when all of the following criteria are met:

- a) Client is not in a nursing facility; and
- b) When prescribed by a physician.

Procedure Code: T5999

861 Lice comb, such as LiceOut™, LeisMeister™, or combs of equivalent quality and effectiveness. Will allow 1 per client, per year when all of the following criteria are met:

- a) Client is not in a nursing facility; and
- b) When prescribed by a physician.

Nondurable Medical Supplies and Equipment

Code	Criteria	Code	Criteria
Procedure Code: T5999		Procedure Code: T5999	
862	Non-toxic gel such as LiceOut™ for use with lice combs, per 8 oz bottle. Allow 1 bottle per client, per year when all of the following criteria are met:	863	“Sharps” disposal container for home use, up to one gallon size, each. Purchase of 2 per month allowed when all of the following criteria are met:
a)	For use with a medically justified LiceComb™;	a)	Client is not in a nursing facility; and
b)	Client is not in a nursing facility; and	b)	When prescribed by a physician.
c)	When prescribed by a physician.		



Note: The following criteria pertains to the four procedure codes listed below. Clients will be considered high-risk and eligible to receive compliance devices if they:

- Do not reside in a skilled nursing facility or other inpatient facility; and
 - Have one or more of the following representative disease conditions: Alzheimer's disease, blood clotting disorders, cardiac arrhythmia, congestive heart failure, depression, diabetes, epilepsy, HIV/AIDS, hypertension, schizophrenia, or tuberculosis;
- AND -**
- Concurrently consume two or more prescribed medications for chronic medical conditions that are dosed at three or more intervals per day; or
 - Have demonstrated a pattern of noncompliance that is potentially harmful to the client's health. The client's pattern of noncompliance with the prescribed drug regimen must be fully documented in the provider's file.

For questions related to compliance packaging, call the Pharmacy Prior Authorization Section, Drug Utilization and Review at: (800) 848-2842.

Prefilling a syringe is not considered compliance packaging

Compliance Packaging Procedure Code: T1999

- 864** Reusable compliance device/container (e.g., medisets, weekly minders, etc.). Limit of four devices/containers per client, per year when criteria in above shaded box is met.

Procedure Code: T1999

- 865** Nonreusable compliance device/container (e.g., blister packs, bingo cards, bubble packs, etc.). Limit of four devices/containers per client, per year when criteria in above shaded box is met.

Compliance Packaging (cont.) Procedure Code: T1999

- 866** Reusable compliance device or container, extra large capacity. Limit of four per client, per year.

Procedure Code: A9901

- 867** Filling fee for reusable compliance device or container. Limit of four fills per client, per month.

Fee Schedule

A Few Notes about the Fee Schedule

Procedure Code Description

The description of each code will tell you when:

- Prior authorization is required;
- Expedited prior authorization criteria is available;
- There are specific limitations;
- Codes are not allowed in combination with primary code;
- An item is taxable;
- An item is included in the nursing facility daily rate; and
- One of the following modifiers is required:
 - ✓ KX – Insulin Dependent;
 - ✓ KS – Non-Insulin Dependent;
 - ✓ RP – Replacement;
 - ✓ RR – Rental;
 - ✓ NU – Purchase;
 - ✓ A1-A9 – See “Dressings,” pg. G.5; or
 - ✓ 59 See “Disposable Incontinent Products“ page D.3 and “Urological Supplies” page G.22.

Maximum Allowance

The maximum dollar amount payable by MAA is indicated in the *Maximum Allowable* column.

Non-Durable Medical Supplies and Equipment (MSE)

HCPCS, Modifiers, Descriptions, Rates

HCPCS	Modifier	Description	October 1, 2003 Maximum Allowable
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COMPLIANCE PACKAGING

(Billable only by pharmacists for non-institutionalized at-risk clients.)



Billing provision limited to one (1) month's supply .

A9901	Delivery/set-up/dispensing. Included in nursing facility daily rate. Limit of four devices/containers per client, per month. EPA 870000867 must be used when billing this item.	\$2.50
T1999	Reusable compliance device/container (e.g., medisets, weekly minders, etc.) Included in nursing facility daily rate. Limit of four devices/containers per client, per year. EPA 870000864 must be used when billing this item.	\$6.00
T1999	Nonreusable compliance device/container (e.g., blister packs, bingo cards, bubble packs, etc.) Included in nursing facility daily rate. Limit of four devices/containers per client, per month. EPA 870000865 must be used when billing this item.	\$3.00
T1999	Reusable compliance device/container, extra large capacity (e.g., medisets, weekly minders, etc.). Included in nursing facility rate. Limit of four devices/containers per client, per year. EPA 870000866 must be used when billing this item.	\$16.91

**Note: Providers may bill compliance devices/containers in any combination, but not to exceed a total of 4 per year.*

EMERGENCY CONTRACEPTION PILLS (ECP) COUNSELING

(Billable only by pharmacists who meet Board of Pharmacy protocols.)



Billing provision limited to one (1) month's supply .

S9445	Patient education, not otherwise classified, non-physician provider, individual, per session.	\$13.50
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Non-Durable Medical Supplies and Equipment (MSE)

HCPCS	Modifier	Description	October 1, 2003 Maximum Allowable
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SYRINGES AND NEEDLES



Billing provision limited to one (1) month's supply .

A4206	Syringe with needle, sterile 1cc, each. Included in nursing facility daily rate.	65%
A4207	Syringe with needle, sterile 2cc, each. Included in nursing facility daily rate.	65%
A4208	Syringe with needle, sterile 3cc, each. Included in nursing facility daily rate.	65%
A4209	Syringe with needle, sterile 5cc or greater, each. Included in nursing facility daily rate.	65%
A4210	Needle free injection device, each. Included in nursing facility daily rate.	65%
A4211	Supplies for self-administered injections.	#
A4215	Needles only, sterile, any size, each. Included in nursing facility daily rate.	65%
A4322	Irrigation syringe, bulb or piston, each. Included in nursing facility daily rate. Not allowed in combination with code A4320, A4355.	\$3.04

BLOOD MONITORING/TESTING SUPPLIES



Billing provision limited to one (1) month's supply .

A4253	Blood glucose test or reagent strips for home blood glucose monitor, per 50 strips. Included in nursing facility daily rate. Modifier KX or KS required.	\$34.80
A4254	Replacement battery, any type, for use with medically necessary home blood glucose monitor owned by patient, each. One (1) allowed per client every 3 months.	\$6.58
A4255	Platforms for home blood glucose monitor, 50 per box.	#
A4256	Normal, low and high calibrator solution/chips. Included in nursing facility daily rate.	\$11.44
A4258	Spring-powered device for lancet, each. One (1) allowed per client every 6 months. Included in nursing facility daily rate.	\$18.05

Non-Durable Medical Supplies and Equipment (MSE)

HCPCS	Modifier	Description	October 1, 2003 Maximum Allowable
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A4259	Lancets, per box of 100. Included in nursing facility daily rate. Modifier KX or KS required.	\$12.74
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PREGNANCY-RELATED TESTING KITS AND NURSING EQUIPMENT SUPPLIES



Billing provision limited to one (1) month's supply .



T5999	Supply, not otherwise specified. (Pregnancy testing kit, 1 test per kit. Not allowed for clients enrolled in the Family Planning Only or TAKE CHARGE programs). <i>Prior Authorization required.</i>	\$7.34
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E1399	Pregnancy testing kit, 1 test per kit. Not allowed for clients enrolled in the Family Planning Only or TAKE CHARGE programs. Prior Authorization required. <i>Discontinued for dates of service on and after April 1, 2004. Replaced with HCPCS code T5999.</i>	\$7.34
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T5999	Supply, not otherwise specified (Breast pump kit for electric breast pump. Purchase only. <i>EPA 870000764 must be used when billing this item .</i>)	\$37.92
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E1399	Breast pump kit for electric breast pump. Purchase only. EPA 870000764 must be used when billing this item. <i>Discontinued for dates of service on and after April 1, 2004. Replaced with HCPCS code T5999.</i>	\$37.92
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ANTISEPTICS AND GERMICIDES



Billing provision limited to one (1) month's supply .

A4244	Alcohol or peroxide, per pint. Included in nursing facility daily rate. Maximum of one (1) pint allowed per client per 6 months.	\$0.76
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A4245	Alcohol wipes, per box (of 200). Included in nursing facility daily rate. Maximum of one (1) box allowed per client per month.	\$2.30
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A4246	Betadine or pHisoHex solution, per pint. Included in nursing facility daily rate. Maximum of one (1) pint allowed per client per month.	\$3.03
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A4247	Betadine or iodine swabs/wipes, per box (of 100). Included in nursing facility daily rate. Maximum of one (1) box allowed per client per month.	\$4.72
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Non-Durable Medical Supplies and Equipment (MSE)

HCPCS	Modifier	Description	October 1, 2003 Maximum Allowable
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A4248		Chlorhexidine containing antiseptic, 1 ml.	#
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 T5999		Supply, not otherwise specified. (Disinfectant spray, 12 oz. Included in nursing facility daily rate. Maximum of one (1) per client per 6 months. EPA 870000853 must be used when billing this item.	\$5.21
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E1399		Disinfectant spray, 12 oz. Included in nursing facility daily rate. Maximum of one (1) allowed per client per 6 months. EPA 870000853 must be used when billing this item. Discontinued for dates of service on and after April 1, 2004. Replaced with HCPCS code T5999.	\$5.21
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BANDAGES, DRESSINGS, AND TAPES


Unless needed for first 6 weeks postsurgery, all bandages dressing/tapes are included in the nursing facility daily rate.



Billing provision limited to one (1) month's supply .

A4649		Surgical supply; miscellaneous. Prior Authorization required.	65%
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 A6010		Collagen based wound filler, dry form, per gram of collagen. Prior authorization required.	65%
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 A6011		Collagen based wound filler, gel/paste, per gram of collagen. Prior authorization required.	65%
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A6021		Collagen dressing, pad size 16 sq. in. or less, each.	\$21.02
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A6022		Collagen dressing, pad size more than 16 sq. in. but less than or equal to 48 sq. in., each.	\$21.02
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A6023		Collagen dressing, pad size more than 48 sq. in. Prior Authorization required.	\$190.30
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A6024		Collagen dressing wound filler, per 6 inches	\$6.19
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 A6025		Gel sheet for dermal or epidermal application, (e.g., silicone, hydrogel, other), each.	65%
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A6154		Wound pouch, each.	\$14.36
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A6196		Alginate or other fiber gelling dressing, wound cover, pad size 16 sq. in. or less, each dressing.	\$7.35
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A6197		Alginate or other fiber gelling dressing, wound cover, pad size more than 16 sq. in., but less than or equal to 48 sq. in., each dressing.	\$16.44
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Non-Durable Medical Supplies and Equipment (MSE)

HCPCS	Modifier	Description	October 1, 2003 Maximum Allowable
A6198		Alginate or other fiber gelling dressing, wound cover, pad size more than 48 sq. in, each dressing.	65%
A6199		Alginate or other fiber gelling dressing, wound filler, per 6 inches.	\$5.29
A6200		Composite dressing, pad size 16 sq. in. or less, without adhesive border, each dressing.	\$9.50
A6201		Composite dressing, pad size more than 16 sq. in., but less than or equal to 48 sq. in., without adhesive border, each dressing.	\$20.80
A6202		Composite dressing, pad size more than 48 sq. in., without adhesive border, each dressing.	\$34.88
A6203		Composite dressing, pad size 16 sq. in. or less, with any size adhesive border, each dressing.	\$3.35
A6204		Composite dressing, pad size more than 16 sq. in., but less than or equal to 48 sq. in. with any size adhesive border, each dressing.	\$6.23
A6205		Composite dressing, pad size more than 48 sq. in. with any size adhesive border, each dressing.	65%
A6206		Contact layer, 16 sq. in. or less, each dressing.	\$5.29
A6207		Contact layer, more than 16 sq. in., but less than or equal to 48 sq. in., each dressing.	\$7.34
A6208		Contact layer, more than 48 sq. in., each dressing.	65%
A6209		Foam dressing, wound cover, pad size 16 sq. in. or less, without adhesive border, each dressing.	\$7.48
A6210		Foam dressing, wound cover, pad size more than 16 sq. in., but less than or equal to 48 sq. in., without adhesive border, each dressing.	\$19.92
A6211		Foam dressing, wound cover, pad size more than 48 sq. in., without adhesive border, each dressing.	\$29.37
A6212		Foam dressing, wound cover, pad size 16 sq. in. or less, with any size adhesive border, each dressing.	\$9.70
A6213		Foam dressing, wound cover, pad size more than 16 sq. in., but less than or equal to 48 sq. in., with any size adhesive border, each dressing.	\$20.00
A6214		Foam dressing, wound cover, pad size more than 48 sq. in., with any size adhesive border, each dressing.	\$10.29



Non-Durable Medical Supplies and Equipment (MSE)

HCPCS	Modifier	Description	October 1, 2003 Maximum Allowable
A6215		Foam dressing, wound filler, per gram.	\$2.99
A6216		Gauze, non-impregnated, non-sterile, pad size 16 sq. in. or less, without adhesive border, each dressing.	\$0.05
A6217		Gauze, non-impregnated, non-sterile pad size more than 16 sq. in., but less than or equal to 48 sq. in., without adhesive border, each dressing.	\$0.17
A6218		Gauze, non-impregnated, non-sterile pad size more than 48 sq. in., without adhesive border, each dressing.	\$0.45
A6219		Gauze, non-impregnated, pad size 16 sq. in. or less, with any size adhesive border, each dressing.	\$0.95
A6220		Gauze, non-impregnated, pad size more than 16 sq. in., but less than or equal to 48 sq. in., with any size adhesive border, each dressing.	\$2.58
A6221		Gauze, non-impregnated, pad size more than 48 sq. in., with any size adhesive border, each dressing.	65%
A6222		Gauze, impregnated with other than water, normal saline or hydrogel, pad size 16 sq. in. or less, without adhesive border, each dressing.	\$2.13
A6223		Gauze, impregnated with other than water, normal saline or hydrogel, pad size more than 16 sq. in., but less than or equal to 48 sq. in., without adhesive border, each dressing.	\$2.42
A6224		Gauze, impregnated with other than water, normal saline or hydrogel, pad size more than 48 sq. in., without adhesive border, each dressing.	\$3.61
A6228		Gauze, impregnated, water or normal saline, pad size 16 sq. in. or less, without adhesive border, each dressing.	\$0.99
A6229		Gauze, impregnated, water or normal saline, pad size more than 16 sq. in., but less than or equal to 48 sq. in., without adhesive border, each dressing.	\$3.61
A6230		Gauze, impregnated, water or normal saline, pad size more than 48 sq. in., without adhesive border, each dressing.	65%
 A6231		Gauze, impregnated, hydrogel, for direct wound contact, pad size 16 sq. in. or less, each dressing.	\$4.68
 A6232		Gauze, impregnated, hydrogel, for direct wound contact, pad size greater than 16 sq. in., but less than or equal to 48 sq. in., each dressing.	\$6.88









Non-Durable Medical Supplies and Equipment (MSE)

HCPCS	Modifier	Description	October 1, 2003 Maximum Allowable
	A6233	Gauze, impregnated, hydrogel, for direct wound contact, pad size more than 48 sq. in., each dressing.	\$19.19
	A6234	Hydrocolloid dressing, wound cover, pad size 16 sq. in. or less, without adhesive border, each dressing.	\$6.54
	A6235	Hydrocolloid dressing, wound cover, pad size more than 16 sq. in., but less than or equal to 48 sq. in., without adhesive border, each dressing.	\$16.82
	A6236	Hydrocolloid dressing, wound cover pad size more than 48 sq. in., without adhesive border, each dressing.	\$27.25
	A6237	Hydrocolloid dressing, wound cover, pad size 16 sq. in. or less, with any size adhesive border, each dressing.	\$7.91
	A6238	Hydrocolloid dressing, wound cover, pad size more than 16 sq. in., but less than or equal to 48 sq. in., with any size adhesive border, each dressing.	\$22.79
	A6239	Hydrocolloid dressing, wound cover, pad size more than 48 sq. in., with any size adhesive border, each dressing.	65%
	A6240	Hydrocolloid dressing, wound filler, paste, per fluid oz.	\$12.24
	A6241	Hydrocolloid dressing, wound filler, dry form, per gram.	\$2.57
	A6242	Hydrogel dressing, wound cover, pad size 16 sq. in. or less, without adhesive border, each dressing.	\$6.07
	A6243	Hydrogel dressing, wound cover, pad size more than 16 sq. in., but less than or equal to 48 sq. in., without adhesive border, each dressing.	\$12.31
	A6244	Hydrogel dressing, wound cover, pad size more than 48 sq. in., without adhesive border, each dressing.	\$39.28
	A6245	Hydrogel dressing, wound cover, pad size 16 sq. in. or less, with any size adhesive border, each dressing.	\$7.27
	A6246	Hydrogel dressing, wound cover, pad size more than 16 sq. in., but less than or equal to 48 sq. in., with any size adhesive border, each dressing.	\$9.92
	A6247	Hydrogel dressing, wound cover, pad size more than 48 sq. in., with any size adhesive border, each dressing.	\$23.78
	A6248	Hydrogel dressing, wound filler, gel, per fluid oz.	\$16.24
	A6250	Skin sealants, protectants, moisturizers, ointments, any type, any size.	#
















Non-Durable Medical Supplies and Equipment (MSE)

HCPCS	Modifier	Description	October 1, 2003 Maximum Allowable
A6251		Specialty absorptive dressing, wound cover, pad size 16 sq. in. or less, without adhesive border, each dressing.	\$1.99
A6252		Specialty absorptive dressing, wound cover, pad size more than 16 sq. in., but less than or equal to 48 sq. in., without adhesive border, each dressing.	\$3.25
A6253		Specialty absorptive dressing, wound cover, pad size more than 48 sq. in., without adhesive border, each dressing.	\$6.34
A6254		Specialty absorptive dressing, wound cover, pad size 16 sq. in. or less, with any size adhesive border, each dressing.	\$1.21
A6255		Specialty absorptive dressing, wound cover, pad size more than 16 sq. in., but less than or equal to 48 sq. in., with any size adhesive border, each dressing.	\$3.03
A6256		Specialty absorptive dressing, wound cover, pad size more than 48 sq. in., with any size adhesive border, each dressing.	65%
A6257		Transparent film, 16 sq. in. or less, each dressing.	\$1.53
A6258		Transparent film, more than 16 sq. in., but less than or equal to 48 sq. in., each dressing.	\$4.30
A6259		Transparent film, more than 48 sq. in., each dressing.	\$10.94
A6260		Wound cleaners, any type, any size (per ounce).	\$1.11
A6261		Wound filler, gel/paste, per fluid ounce, not elsewhere classified. Prior authorization required.	65%
A6262		Wound filler, dry form, per gram, not elsewhere classified. Prior authorization required.	65%
 A6266		Gauze, impregnated, other than water, normal saline, or zinc paste, any width, per linear yard.	\$1.92
A6402		Gauze, non-impregnated, sterile, pad size 16 sq. in. or less, without adhesive border, each dressing.	\$0.12
A6403		Gauze, non-impregnated, sterile, pad size more than 16 sq. in., but less than or equal to 48 sq. in., without adhesive border, each dressing.	\$0.43
A6404		Gauze, non-impregnated, sterile, pad size more than 48 sq. in., without adhesive border, each dressing.	\$0.88
 A6407		Packing strips, non-impregnated, up to two inches in width, per linear yard.	\$1.88







Non-Durable Medical Supplies and Equipment (MSE)

HCPCS	Modifier	Description	October 1, 2003 Maximum Allowable
A6422		Conforming bandage, non-elastic, knitted/woven, non-sterile, width greater than or equal to 3 inches and less than 5 inches per roll (at least 3 yards unstretched). Discontinued for dates of service on and after April 1, 2004. Replaced with HCPCS code A6441.	
A6424		Conforming bandage, non-elastic, knitted/woven, non-sterile, width greater than or equal to 5 inches, per roll (at least 3 yards unstretched). Discontinued for dates of service on and after April 1, 2004. Replaced with HCPCS code A6444.	
A6426		Conforming bandage, non-elastic, knitted/woven, sterile, width greater than or equal to 3 inches and less than 5 inches per roll (at least 3 yards unstretched). Discontinued for dates of service on and after April 1, 2004. Replaced with HCPCS code A6446.	
A6428		Conforming bandage, non-elastic, knitted/woven, sterile, width greater than or equal to 5 inches, per roll (at least 3 yards unstretched). Discontinued for dates of service on and after April 1, 2004. Replaced with HCPCS code A6447.	
 A6441		Padding bandage, non-elastic, non-woven/non-knitted, width greater than or equal to three inches and less than five inches, per yard.	\$0.67
 A6442		Conforming bandage, non-elastic, knitted/woven, non-sterile, width less than three inches, per yard.	\$0.17
 A6443		Conforming bandage, non-elastic, knitted/woven, non-sterile, width greater than or equal to three inches and less than five inches, per yard.	\$0.29
 A6444		Conforming bandage, non-elastic, knitted/woven, non-sterile, width greater than or equal to five inches, per yard.	\$0.56
 A6445		Conforming bandage, non-elastic, knitted/woven, sterile, width less than three inches, per yard.	\$0.32
 A6446		Conforming bandage, non-elastic, knitted/woven, sterile, width greater than or equal to three inches and less than five inches, per yard.	\$0.41
 A6447		Conforming bandage, non-elastic, knitted/woven, sterile, width greater than or equal to five inches, per yard.	\$0.67
 A6448		Light compression bandage, elastic, knitted/woven, width less than three inches, per yard.	\$1.16

Non-Durable Medical Supplies and Equipment (MSE)

HCPCS	Modifier	Description	October 1, 2003 Maximum Allowable
 A6449		Light compression bandage, elastic, knitted/woven, width greater than or equal to three inches and less than five inches, per yard.	\$1.75
 A6450		Light compression bandage, elastic, knitted/woven, width greater than or equal to five inches, per yard.	65%
 A6451		Moderate compression bandage, elastic, knitted/woven, load resistance of 1.25 to 1.34 foot pounds at 50 percent maximum stretch, width greater than or equal to three inches and less than five inches, per yard.	65%
 A6452		High compression bandage, elastic, knitted/woven, load resistance greater than or equal to 1.35 foot pounds at 50 percent maximum stretch, width greater than or equal to three inches and less than five inches, per yard.	\$5.91
 A6453		Self-adherent bandage, elastic, non-knitted/non-woven,width less than three inches, per yard.	\$0.61
 A6454		Self-adherent bandage, elastic, non-knitted/non-woven,width greater than or equal to three inches and less than five inches, per yard.	\$0.77
 A6455		Self-adherent bandage, elastic, non-knitted/non-woven,width greater than or equal to five inches, per yard.	\$1.39
 A6456		Zinc paste impregnated bandage, non-elastic, knitted/woven, width greater than or equal to three inches and less than five inches, per yard.	\$1.28
 A6501		Compression burn garment, bodysuit (head to foot), custom fabricated. Requires prior authorization.	65%
 A6502		Compression burn garment, chin strap, custom fabricated. Requires prior authorization.	65%
 A6503		Compression burn garment, facial hood, custom fabricated. Requires prior authorization.	65%
 A6504		Compression burn garment, glove to wrist, custom fabricated. Requires prior authorization.	65%
 A6505		Compression burn garment, glove to elbow, custom fabricated. Requires prior authorization.	65%
 A6506		Compression burn garment, glove to axilla, custom fabricated. Requires prior authorization.	65%
 A6507		Compression burn garment, foot to knee length, custom fabricated. Requires prior authorization.	65%

Non-Durable Medical Supplies and Equipment (MSE)


HCPCS	Modifier	Description	October 1, 2003 Maximum Allowable
 A6508		Compression burn garment, foot to thigh length, custom fabricated. Requires prior authorization.	65%
 A6509		Compression burn garment, upper trunk to waist including arm openings (vest), custom fabricated. Requires prior authorization.	65%
 A6510		Compression burn garment, trunk, including arms down to leg openings (leotard), custom fabricated. Requires prior authorization.	65%
 A6511		Compression burn garment, lower trunk including leg openings (panty), custom fabricated. Requires prior authorization.	65%
 A6512		Compression burn garment, not otherwise classified. Requires prior authorization.	65%
E1399		Dressing, other. Prior Authorization Required. <i>Discontinued for dates of service on and after April 1, 2004. See HCPCS code T5999.</i>	65%
K0620		Tubular elastic dressing, any width, per linear yard.	65%
S8431		Compression bandage, roll.	65%
 T5999		Supply, not otherwise specified (Dressing other.) Prior authorization required.	65%

TAPES

Unless needed for first 6 weeks postsurgery, all bandages dressing/tapes are included in the nursing facility daily rate.



Billing provision limited to one (1) month's supply .

A4450	Tape, non-waterproof, per 18 square inches.	\$0.09
A4452	Tape, waterproof, per 18 square inches.	\$0.36
A4462	Abdominal dressing holder, each.	\$3.29
 A4465	Nonelastic binder for extremity.	65%


OSTOMY SUPPLIES (NOTE: ITEMS IN THIS CATEGORY ARE NOT TAXABLE)







Billing provision limited to one (1) month's supply .

A4361	Ostomy faceplate, each. Maximum of 10 allowed per client per month. Not allowed in combination with codes A4375, A4376, A4379, A4380.	\$18.37
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Non-Durable Medical Supplies and Equipment (MSE)

HCPCS	Modifier	Description	October 1, 2003 Maximum Allowable
A4362		Skin barrier, solid, four by four or equivalent, each (for ostomy only).	\$3.46
A4364		Adhesive; liquid, or equal, any type, per oz. (for ostomy or catheter) Maximum of 4 allowed per client per month.	\$2.73
A4365		Adhesive remover wipes, any type, per 50. Maximum of one (1) box allowed per client per month.	\$11.32
 A4366		Ostomy vent, any type, each.	65%
A4367		Ostomy belt, each. Maximum of two (2) allowed per client every six months.	\$6.82
A4368		Ostomy filter, any type, each.	\$0.26
A4369		Ostomy skin barrier, liquid (spray, brush, etc.), per oz.	\$2.06
A4371		Ostomy skin barrier, powder, per oz.	\$3.60
A4372		Ostomy skin barrier, solid 4 x 4 or equivalent, with built-in convexity, each.	\$4.18
A4373		Ostomy skin barrier, with flange (solid, flexible, or accordion), with built-in convexity, any size, each.	\$6.28
A4375		Ostomy pouch, drainable, with faceplate attached, plastic, each. Maximum of 10 allowed per client per month. Not allowed in combination with code A4361 or A4377.	\$17.18
A4376		Ostomy pouch, drainable, with faceplate attached, rubber, each. Maximum of 10 allowed per client per month. Not allowed in combination with code A4361 or A4378.	\$47.58
A4377		Ostomy pouch, drainable, for use on faceplate, plastic, each. Maximum of 10 allowed per client per month.	\$4.29
A4378		Ostomy pouch, drainable, for use on faceplate, rubber, each. Maximum of 10 allowed per client per month.	\$30.75
A4379		Ostomy pouch, urinary, with faceplate attached, plastic, each. Maximum of 10 allowed per client per month. Not allowed in combination with code A4361, A4381 or A4382.	\$15.02
A4380		Ostomy pouch, urinary, with faceplate attached, rubber, each. Maximum of 10 allowed per client per month. Not allowed in combination with code A4361 or A4383.	\$37.33
A4381		Ostomy pouch, urinary, for use on faceplate, plastic, each. Maximum of 10 allowed per client per month.	\$4.61
A4382		Ostomy pouch, urinary, for use on faceplate, heavy plastic, each. Maximum of 10 allowed per client per month.	\$24.62












Non-Durable Medical Supplies and Equipment (MSE)

HCPSC	Modifier	Description	October 1, 2003 Maximum Allowable
A4383		Ostomy pouch, urinary, for use on faceplate, rubber, each. Maximum of 10 allowed per client per month.	\$28.19
 A4384		Ostomy faceplate equivalent, silicone ring, each.	\$9.62
A4385		Ostomy skin barrier, solid 4x4 or equivalent, extended wear, without built-in convexity, each.	\$5.10
A4387		Ostomy pouch, closed, with barrier attached, with built-in convexity (1 piece), each. Maximum of 30 allowed per client per month.	\$3.97
A4388		Ostomy pouch, drainable, with extended wear barrier attached, (1 piece), each. Maximum of 10 allowed per client per month.	\$4.36
A4389		Ostomy pouch, drainable, with barrier attached, with built-in convexity (1 piece), each. Maximum of 10 allowed per client per month.	\$6.22
A4390		Ostomy pouch, drainable, with extended wear barrier attached, with built-in convexity (1 piece), each. Maximum of 10 allowed per client per month.	\$9.61
A4391		Ostomy pouch, urinary, with extended wear barrier attached, (1 piece), each. Maximum of 10 allowed per client per month.	\$7.07
A4392		Ostomy pouch, urinary, with standard wear barrier attached, with built-in convexity (1 piece), each. Maximum of 10 allowed per client per month.	\$8.18
A4393		Ostomy pouch, urinary, with extended wear barrier attached, with built-in convexity (1 piece), each. Maximum of 10 allowed per client per month.	\$9.04
 A4394		Ostomy deodorant for use in ostomy pouch, liquid, per fluid ounce.	\$2.58
 A4395		Ostomy deodorant for use in ostomy pouch, solid, per tablet.	\$0.05
A4396		Ostomy belt with peristomal hernia support.	#
A4397		Irrigation supply; sleeve, each. Maximum of one (1) allowed per client per month.	\$4.79
A4398		Ostomy irrigation supply; bag, each. Maximum of two (2) allowed per client every 6 months.	\$13.81
A4399		Ostomy irrigation supply; cone/catheter, including brush. Maximum of two (2) allowed per client every 6 months.	\$11.55
 A4400		Ostomy irrigation set. Maximum of two (2) allowed per client every 6 months.	\$44.30




Non-Durable Medical Supplies and Equipment (MSE)

HCPCS	Modifier	Description	October 1, 2003 Maximum Allowable
A4404		Ostomy ring, each. Maximum of 10 allowed per client per month.	\$1.69
A4405		Ostomy skin barrier, non-pectin based, paste, per ounce.	65%
A4406		Ostomy skin barrier, pectin based, paste, per ounce.	65%
 A4407		Ostomy skin barrier, with flange (solid, flexible, or accordion), extended wear, with built-in convexity, 4 x 4 inches or smaller, each.	\$8.76
 A4408		Ostomy skin barrier, with flange (solid, flexible or accordion), extended wear, with built-in convexity, larger than 4 x 4 inches, each.	\$9.87
A4409		Ostomy skin barrier, with flange (solid, flexible or accordion), extended wear, without built-in convexity, 4x4 inches or smaller, each.	65%
 A4410		Ostomy skin barrier, with flange(solid, flexible or accordion), extended wear, without built-in convexity, larger than 4 x 4 inches, each.	\$9.04
 A4413		Ostomy pouch, drainable, high output, for use on a barrier with flange (2 piece system), with filter, each. Maximum of 10 allowed per client per month.	\$5.50
 A4414		Ostomy skin barrier, with flange(solid, flexible or accordion), without built-in convexity, 4 x 4 inches or smaller, each.	\$4.93
 A4415		Ostomy skin barrier, with flange (solid, flexible or accordion), without built-in convexity, larger than 4 x 4 inches, each.	\$6.00
 A4416		Ostomy pouch, closed, with barrier attached, with filter (one piece), each. Maximum of 30 allowed per client per month. Not allowed in combination with A4368.	\$2.75
 A4417		Ostomy pouch, closed, with barrier attached, with built-in convexity, with filter (one piece), each. Maximum of 30 allowed per client per month. Not allowed in combination with A4368.	\$3.72
 A4418		Ostomy pouch, closed; without barrier attached, with filter (one piece), each. Maximum of 30 allowed per client per month. Not allowed in combination with A4368.	\$1.81
 A4419		Ostomy pouch, closed; for use on barrier with non-locking flange, with filter (two piece), each. Maximum of 30 allowed per client per month. Not allowed in combination with A4368.	\$1.74

Non-Durable Medical Supplies and Equipment (MSE)

HCPCS	Modifier	Description	October 1, 2003 Maximum Allowable
 A4420		Ostomy pouch, closed; for use on barrier with locking flange (two piece), each. Maximum of 30 allowed per client per month.	65%
A4421		Ostomy supply; miscellaneous. Prior Authorization required.	65%
 A4422		Ostomy absorbent material (sheet/pad/crystal packet) for use in ostomy pouch to thicken liquid stomal output, each.	\$0.12
 A4423		Ostomy pouch, closed; for use on barrier with locking flange, with filter (two piece), each. Maximum of 30 allowed per client per month. Not allowed in combination with A4368.	\$1.86
 A4424		Ostomy pouch, drainable, with barrier attached, with filter (one piece), each. Maximum of 10 allowed per client per month. Not allowed in combination with A4368.	\$4.75
 A4425		Ostomy pouch, drainable; for use on barrier with non-locking flange, with filter (two piece system), each. Maximum of 10 allowed per client per month. Not allowed in combination with A4368.	\$3.58
 A4426		Ostomy pouch, drainable; for use on barrier with locking flange (two piece system), each. Maximum of 10 allowed per client per month.	\$2.73
 A4427		Ostomy pouch, drainable; for use on barrier with locking flange, with filter (two piece system), each. Maximum of 10 allowed per client per month. Not allowed in combination with A4368.	\$2.78
 A4428		Ostomy pouch, urinary, with extended wear barrier attached, with faucet-type tap with valve (one piece), each. Maximum of 10 allowed per client per month.	\$6.51
 A4429		Ostomy pouch, urinary, with barrier attached, with built-in convexity, with faucet-type tap with valve (one piece), each. Maximum of 10 allowed per client per month.	\$8.25
 A4430		Ostomy pouch, urinary, with extended wear barrier attached, with built-in convexity, with faucet-type tap with valve (one piece), each. Maximum of 10 allowed per client per month.	\$8.52
 A4431		Ostomy pouch, urinary; with barrier attached, with faucet-type tap with valve (one piece), each. Maximum of 10 allowed per client per month.	\$6.22

Non-Durable Medical Supplies and Equipment (MSE)

HCPSC	Modifier	Description	October 1, 2003 Maximum Allowable
 A4432		Ostomy pouch, urinary; for use on barrier with non-locking flange, with faucet-type tap with valve (two piece), each. Maximum of 10 allowed per client per month.	\$3.59
 A4433		Ostomy pouch, urinary; for use on barrier with locking flange (two piece), each. Maximum of 30 allowed per client per month.	\$3.34
 A4434		Ostomy pouch, urinary; for use on barrier with locking flange, with faucet-type tap with valve (two piece), each. Maximum of 10 allowed per client per month.	\$3.76
A4455		Adhesive remover or solvent (for tape, cement, or other adhesive), per oz. Maximum of 3 allowed per client per month.	\$1.43
A5051		Ostomy pouch, closed; with barrier attached (one piece) each. Maximum of 60 allowed per client per month.	\$2.07
A5052		Ostomy pouch, closed; without barrier attached (one piece) each. Maximum of 60 allowed per client per month.	\$2.22
A5053		Ostomy pouch, closed; for use on faceplate each. Maximum of 60 allowed per client per month.	\$1.74
A5054		Ostomy pouch, closed; for use on barrier with flange (two piece) each. Maximum of 60 allowed per client per month.	\$1.79
A5055		Stoma cap. Maximum of 30 allowed per client per month.	\$1.44
A5061		Ostomy pouch, drainable; with barrier attached (one piece) each. Maximum of 20 allowed per client per month.	\$3.53
A5062		Ostomy pouch, drainable; without barrier attached (one piece) each. Maximum of 20 allowed per client per month.	\$2.09
A5063		Ostomy pouch, drainable; for use on barrier with flange (two piece system) each. Maximum of 20 allowed per client per month.	\$2.17
A5071		Ostomy pouch, urinary, with barrier attached (one piece) each. Maximum of 20 allowed per client per month.	\$6.01
A5072		Ostomy pouch, urinary, without barrier attached (one piece) each. Maximum of 20 allowed per client per month.	\$3.52

Non-Durable Medical Supplies and Equipment (MSE)

HCPCS	Modifier	Description	October 1, 2003 Maximum Allowable
A5073		Ostomy pouch, urinary, for use on barrier with flange (two piece) each. Maximum of 20 allowed per client per month.	\$3.13
A5081		Continent device; plug for continent stoma. Maximum of 30 allowed per client per month.	\$2.81
A5082		Continent device; catheter for continent stoma. Maximum of one (1) allowed per client per month.	\$10.15
A5093		Ostomy accessory, convex insert. Maximum of 10 allowed per client per month.	\$1.95
A5119		Skin barrier; wipes, box per 50 (for ostomy only).	\$10.51
A5121		Skin barrier, solid, 6 x 6 or equivalent, each, (for ostomy only).	\$7.46
A5122		Skin barrier, solid, 8 x 8 or equivalent, each (for ostomy only).	\$12.22
A5126		Adhesive or non-adhesive; disk or foam pad. Maximum of 10 allowed per client per month.	\$1.15
A5131		Appliance cleaner, incontinence and ostomy appliances, per 16 oz.	#

Non-Durable Medical Supplies and Equipment (MSE)

HCPCS	Modifier	Description	October 1, 2003 Maximum Allowable
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UROLOGICAL SUPPLIES






Billing provision limited to one (1) month's supply .

A4214		Sterile saline or water, 30 cc vial. Included in nursing facility daily rate. Discontinued for dates of service on and after April 1, 2004.	\$1.49
A4310		Insertion tray without drainage bag and without catheter (accessories only). Maximum of 120 per client, per month. Included in nursing facility daily rate. Not allowed in combination with A4311, A4312, A4313, A4314, A4315, A4316, or A4354. Prior Authorization required.	\$7.72
A4311		Insertion tray without drainage bag with indwelling catheter, Foley type, two-way latex, with coating (Teflon, silicone, silicone elastomer, or hydrophilic, etc.). Maximum of 3 allowed per client per month. Included in nursing facility daily rate. Not allowed in combination with code A4310 or A4338.	\$14.84
A4312		Insertion tray without drainage bag, with indwelling catheter, Foley type, two-way all silicone. Maximum of 3 allowed per client per month. Included in nursing facility daily rate. Not allowed in combination with code A4310 or A4344.	\$17.16
A4313		Insertion tray without drainage bag with indwelling catheter, Foley type, three-way for continuous irrigation. Maximum of 3 allowed per client per month. Included in nursing facility daily rate. Not allowed in combination with code A4310 or A4346.	\$17.16
A4314		Insertion tray with drainage bag, with indwelling catheter, Foley type, two-way latex, with coating (Teflon, silicone, silicone elastomer, or hydrophilic, etc.). Maximum of 3 allowed per client per month. Included in nursing facility daily rate. Not allowed in combination with code A4310, A4311, A4338, A4354 or A4357.	\$25.29
A4315		Insertion tray with drainage bag, with indwelling catheter, Foley type, two-way all silicone. Maximum of 3 allowed per client per month. Included in nursing facility daily rate. Not allowed in combination with code A4310, A4312, A4344, A4354 or A4357.	\$26.39

Non-Durable Medical Supplies and Equipment (MSE)

HCPCS	Modifier	Description	October 1, 2003 Maximum Allowable
A4316		Insertion tray with drainage bag with indwelling catheter, Foley type, three-way for continuous irrigation. Maximum of 3 allowed per client per month. Included in nursing facility daily rate. Not allowed in combination with code A4310, A4313, A4346, A4354 or A4357.	\$28.40
A4320		Irrigation tray with bulb or piston syringe, any purpose. Maximum of 30 allowed per client per month. Included in nursing facility daily rate. Not allowed in combination with code A4322, A4355.	\$5.33
A4321		Therapeutic agent for urinary catheter irrigation.	#
A4323		Sterile saline irrigation solution, 1000 ml. Included in nursing facility daily rate. <i>Discontinued for dates of service on and after April 1, 2004.</i>	\$8.78
A4324		Male external catheter, with adhesive coating, each. Maximum of 60 allowed per client per month.	\$2.17
A4325		Male external catheter, with adhesive strip, each. Maximum of 60 per client per month.	\$1.80
A4326		Male external catheter specialty type with integral collection chamber, each. Maximum of 60 allowed per client per month. Included in nursing facility daily rate.	\$10.79
 A4327		Female external urinary collection device; metal cup, each. Included in nursing facility daily rate.	\$42.27
 A4328		Female external urinary collection device; pouch, each. Included in nursing facility daily rate.	\$10.45
A4330		Perianal fecal collection pouch with adhesive, each. Included in nursing facility daily rate.	\$7.15
A4331		Extension drainage tubing, any type, any length, with connector/adaptor, for use with urinary leg bag or urostomy pouch, each. Not to be used with Procedure Code A4358. Included in nursing facility daily rate.	\$3.18
A4332		Lubricant, individual sterile packet, for insertion of urinary catheter, each. Included in nursing facility daily rate.	\$0.12
 A4333		Urinary catheter anchoring device, adhesive skin attachment, each. Included in nursing facility daily rate.	\$2.20


Non-Durable Medical Supplies and Equipment (MSE)

HCPCS	Modifier	Description	October 1, 2003 Maximum Allowable
 A4334		Urinary catheter anchoring device, leg strap, each. Included in nursing facility daily rate. Not to be used with Procedure code A4358.	\$4.93
A4335		Incontinence supply; miscellaneous. (Diaper Doublers. Each (age 3 and up)). Included in nursing facility daily rate. See expedited prior authorization criteria.	\$0.36
A4338		Indwelling catheter; Foley type, two-way latex, with coating (Teflon, silicone, silicone elastomer, or hydrophilic, etc.), each. Maximum of 3 allowed per client per month. Included in nursing facility daily rate.	\$12.26
A4340		Indwelling catheter; specialty type (e.g., coude, mushroom, wing, etc.), each. Maximum of 3 allowed per client per month. Included in nursing facility daily rate.	\$31.75
A4344		Indwelling catheter, Foley type, two-way, all silicone, each. Maximum of 3 allowed per client, per month. Included in nursing facility daily rate.	\$16.02
A4346		Indwelling catheter, Foley type, three-way for continuous irrigation, each. Maximum of 3 allowed per client, per month. Included in nursing facility daily rate.	\$16.65
 A4347		Male external catheter with or without adhesive, with or without anti-reflux device; per dozen. Maximum allowable of 60 per client, per month. Included in nursing facility	\$18.59
 A4348		Male external catheter with integral collection compartment, extended wear, each (e.g., 2 per month). Maximum of 2 allowed per client, per month. Included in nursing facility daily rate.	\$27.83
A4351		Intermittent urinary catheter; straight tip, with or without coating (Teflon, silicone, silicone elastomer, or hydrophilic, etc.), each. Maximum of 120 allowed per client per month. Not allowed in combination with A4352.	\$1.81
A4352		Intermittent urinary catheter; coude (curved) tip with or without coating (Teflon, silicone, silicone elastomer or hydrophilic, etc.), each. Maximum of 120 allowed per client per month. Not allowed in combination with A4351.	\$6.42
A4353		Intermittent urinary catheter, with insertion supplies. Maximum of 120 allowed per client per month. Included in nursing facility daily rate. Not allowed in combination with A4310, A4351-A4352. Prior Authorization required.	\$7.00

Non-Durable Medical Supplies and Equipment (MSE)

HCPCS	Modifier	Description	October 1, 2003 Maximum Allowable
A4354		Insertion tray with drainage bag but without catheter. Maximum of 3 allowed per client per month. Not allowed in combination with A4310, A4357, or K0280-K0281. Prior Authorization required.	\$10.03
A4355		Irrigation tubing set for continuous bladder irrigation through a three-way indwelling Foley catheter, each. Maximum of 30 allowed per client per month. Included in nursing facility daily rate. Not allowed in combination with A4320, A4322.	\$8.91
A4356		External urethral clamp or compression device (not to be used for catheter clamp), each. Maximum of two (2) allowed per client per year. Included in nursing facility daily rate.	\$38.79
A4357		Bedside drainage bag, day or night, with or without anti-reflux device, with or without tube, each. Maximum of two (2) allowed per client per month. Included in nursing facility daily rate. Not allowed in combination with code A4314-A4316 or A4354.	\$9.70
A4358		Urinary drainage bag, leg or abdomen, vinyl, with or without tube, with straps, each. Maximum of two (2) allowed per client per month. Included in nursing facility daily rate. Not allowed in combination with code A5113 or A5114.	\$6.45
A4359		Urinary suspensory without leg bag, each. Maximum of two (2) allowed per client per month. Included in nursing facility daily rate.	\$30.07
A4402		Lubricant, per oz. Included in nursing facility daily rate. (For insertion of urinary catheters.)	\$1.60
A4521		Adult-sized incontinence product, diaper, small size, each. (age 19 and up). Maximum of 240 diapers purchased per client, per month. Medical exceptions to maximum quantity or age limitation require prior approval. Included in nursing facility daily rate. Not allowed in combination with any other disposable diaper or pant or rental reusable diaper or pant.	\$0.66


Non-Durable Medical Supplies and Equipment (MSE)

HCPCS	Modifier	Description	October 1, 2003 Maximum Allowable
A4522		Adult-sized incontinence product, diaper, medium size, each. (age 19 and up). Maximum of 240 diapers purchased per client, per month. Medical exceptions to maximum quantity or age limitation require prior approval. Included in nursing facility daily rate. Not allowed in combination with any other disposable diaper or pant or rental reusable diaper or pant.	\$0.72
A4523		Adult-sized incontinence product, diaper, large size, each. (age 19 and up). Maximum of 240 diapers purchased per client, per month. Medical exceptions to maximum quantity or age limitation require prior approval. Included in nursing facility daily rate. Not allowed in combination with any other disposable diaper or pant or rental reusable diaper or pant.	\$0.88
 A4524		Adult-sized incontinence product, diaper, extra large size, each. (age 19 and up). Maximum of 240 diapers purchased per client, per month. Medical exceptions to maximum quantity or age limitation require prior approval. Included in nursing facility daily rate. Not allowed in combination with any other disposable diaper or pant or rental reusable diaper or pant.	\$1.04
A4525		Adult-sized incontinence product, brief, small size, each. (age 6 and up). Maximum of 150 pieces allowed per adult, per month, per month. 300 allowed for ages 6-19. Included in nursing facility daily rate. Not allowed in combination with any other disposable diaper or pant or rental reusable diaper or pant unless modifier 59 is used to designate daytime only usage.	\$1.15
A4526		Adult-sized incontinence product, brief, medium size, each. (age 6 and up). Maximum of 150 pieces allowed per adult, per month. 300 allowed for ages 6-19. Included in nursing facility daily rate. Not allowed in combination with any other disposable diaper or pant or rental reusable diaper or pant unless modifier 59 is used to designate daytime only usage.	\$1.15
A4527		Adult-sized incontinence product, brief, large size, each. (age 6 and up). Maximum of 150 pieces allowed per adult, per month. 300 allowed for ages 6-19. Included in nursing facility daily rate. Not allowed in combination with any other disposable diaper or pant or rental reusable diaper or pant unless modifier 59 is used to designate daytime only usage.	\$1.15

Non-Durable Medical Supplies and Equipment (MSE)

HCPCS	Modifier	Description	October 1, 2003 Maximum Allowable
A4528		Adult-sized incontinence product, brief, extra large size, each. (age 6 and up). Maximum of 150 pieces allowed per adult, per month. 300 allowed for ages 6-19. Included in nursing facility daily rate. Not allowed in combination with any other disposable diaper or pant or rental reusable diaper or pant unless modifier 59 is used to designate daytime only usage.	\$1.15
A4529		Child-sized incontinence product, diaper, small/medium size, each. (3-18 years of age). Maximum of 300 diapers purchased per client per month. Medical exceptions to maximum quantity or age limitation require prior approval. Included in nursing facility daily rate. Not allowed in combination with any other disposable diaper or pant or rental reusable diaper or pant.	\$0.31
A4530		Child-sized incontinence product, diaper, large size, each. (3-18 years of age). Maximum of 300 diapers purchased per client per month. Medical exceptions to maximum quantity or age limitation require prior approval. Included in nursing facility daily rate. Not allowed in combination with any other disposable diaper or pant or rental reusable diaper or pant.	\$0.65
A4531		Child-sized incontinence product, brief, small/medium size, each. (3-18 years of age). Maximum of 300 diapers purchased per client per month. Medical exceptions to maximum quantity or age limitation require prior approval. Included in nursing facility daily rate. Not allowed in combination with any other disposable diaper or pant or rental reusable diaper or pant unless modifier 59 is used to designate daytime only usage.	\$0.61
A4532		Child-sized incontinence product, brief, large size, each. (3-18 years of age). Maximum of 300 diapers purchased per client per month. Medical exceptions to maximum quantity or age limitation require prior approval. Included in nursing facility daily rate. Not allowed in combination with any other disposable diaper or pant or rental reusable diaper or pant unless modifier 59 is used to designate daytime only usage.	\$0.65

Non-Durable Medical Supplies and Equipment (MSE)

HCPCS	Modifier	Description	October 1, 2003 Maximum Allowable
A4533		Youth-sized, incontinence product, diaper, each. (3 - 18 years of age). Maximum of 300 allowed per client per month. Medical exceptions to maximum quantity or age limitation require prior approval. Included in nursing facility daily rate. Not allowed in combination with any other disposable diaper or pant or rental reusable diaper or pant.	\$0.88
 A4534		Youth-sized, incontinence product, brief, each. (6 - 18 years of age). Maximum of 300 allowed per client per month. Medical exceptions to maximum quantity or age limitation require prior approval. Included in nursing facility daily rate. Not allowed in combination with any other disposable diaper or pant or rental reusable diaper or pant.	\$0.81
A4535		Disposable liner/shield for incontinence, each. (including undergarments), any size, each (age 3 and up). Maximum of 240 pieces allowed per client, per month. Included in nursing facility daily rate. Not allowed in combination with any other disposable diaper or pant or rental reusable diaper or pant unless modifier 59 is used to designate daytime only usage.	\$0.65
A4536	NU	Protective underwear, washable, any size, each. Maximum of 4 per client, per year (age 3 and up). Included in nursing facility daily rate. Modifier NU required.	\$8.46
A4536	RR	Protective underwear, washable, any size, each (pant, reusable). Maximum of 150 pieces allowed per client, per month (age 3 and up). Included in nursing facility daily rate. Modifier RR required. Not allowed in combination with any other disposable diaper or pant or rental, reusable diaper or pant.	\$0.76
A4537	NU	Under pad, reusable/washable, any size, each. Limit 42 per year. Included in nursing facility daily rate. Not allowed in combination with code A4554 or A4537 (RR).	\$13.64
A4537	RR	Under pad, reusable/washable, any size, each. Limit 90 per month. Included in nursing facility daily rate. Not allowed in combination with code A4554 or A4537 (NU).	\$0.45

Non-Durable Medical Supplies and Equipment (MSE)

HCPCS	Modifier	Description	October 1, 2003 Maximum Allowable
A4538	RR	Diapers, reusable, provided by a diaper service, each diaper. (age 3 and up). Maximum of 240 diapers allowed per client per month. Medical exceptions to maximum quantity or age limitation require prior approval. Included in nursing facility daily rate. Modifier RR required. Not allowed in combination with any other disposable diaper or pant or rental reusable diaper or pant.	\$0.75
A4554		Disposable underpads, all sizes (e.g., Chux's). (for beds only) Maximum of 180 pieces allowed per client per month. Included in nursing facility daily rate. Not allowed in combination with code A4537 (NU) or A4537 (RR).	\$0.41
A5102		Bedside drainage bottle, with or without tubing, rigid or expandable, each. Maximum of two (2) allowed per client per 6 months. Included in nursing facility daily rate.	\$22.58
A5105		Urinary suspensory; with leg bag, with or without tube. Maximum of two (2) allowed per client per month. Included in nursing facility daily rate. Not allowed in combination with code A4358, A4359, A5112, A5113 or A5114.	\$40.76
A5112		Urinary leg bag; latex. Maximum of one (1) allowed per client per month. Included in nursing facility daily rate. Not allowed in combination with code A5113 or A5114.	\$34.62
A5113	RP	Leg strap; latex, replacement only, per set. Included in nursing facility daily rate. RP modifier required.	\$4.70
A5114	RP	Leg strap; foam or fabric, replacement only, per set. Included in nursing facility daily rate. RP modifier required.	\$8.94
T1500	NU	Diaper/incontinent pant, reusable/washable, any size, each. (age 3 and up). Maximum of 36 diapers purchased per client per year. Medical exceptions to maximum quantity or age limitation require prior approval. Included in nursing facility daily rate. Modifier NU required.	\$2.73

BRACES, BELTS, AND SUPPORTIVE DEVICES



Billing provision limited to one (1) month's supply .

Non-Durable Medical Supplies and Equipment (MSE)

HCPCS	Modifier	Description	October 1, 2003 Maximum Allowable
A4490		Surgical stocking above knee length, each. Maximum of two (2) pair allowed per client per 6 months. (Enter 2 in the unit field for a pair.)	\$22.74
A4495		Surgical stocking thigh length, each. Maximum of two (2) pair allowed per client per 6 months. (Enter 2 in the unit field for a pair.)	\$36.76
A4500		Surgical stocking below knee length, each. Maximum of two (2) pair allowed per client per 6 months. (Enter 2 in the unit field for a pair.)	\$22.74
A4510		Surgical stocking full length, each. (Pantyhose style) Maximum of two (2) pair allowed per client per 6 months.	\$83.56
A4565		Slings. Maximum of two (2) allowed per client per year.	\$10.32
A4570		Splint. Maximum of one (1) allowed per client per year.	\$14.52
E0942		Cervical head harness/halter. Maximum of one (1) allowed per client per year. Included in nursing facility daily rate.	\$19.85
E0943		Cervical pillow. Maximum of one (1) allowed per client per year. Included in nursing facility daily rate. <i>Discontinued for dates of service on and after April 1, 2004.</i>	\$27.67
E0944		Pelvic belt/harness/boot. Maximum of one (1) allowed per client per year. Included in nursing facility daily rate.	\$42.67
E0945		Extremity belt/harness. Maximum of one (1) allowed per client per year. Included in nursing facility daily rate.	\$44.32
L8210		Gradient compression stocking, custom made.	65%

DECUBITUS CARE PRODUCTS



Billing provision limited to one (1) month's supply .

E0188	Synthetic sheepskin pad. Maximum of one (1) allowed per client per year. Included in nursing facility daily rate.	\$26.43
E0189	Lambswool sheepskin pad. Maximum of one (1) allowed per client per year. Included in nursing facility daily rate.	\$44.17
E0191	Heel or elbow protector, each. Maximum of four (4) allowed per client per year. Included in nursing facility daily rate.	\$8.49

TRANSCUTANEOUS ELECTRICAL NERVE STIMULATOR (TENS) SUPPLIES

Non-Durable Medical Supplies and Equipment (MSE)

HCPCS	Modifier	Description	October 1, 2003 Maximum Allowable
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Billing provision limited to one (1) month's supply .

A4556		Electrodes, pair.	\$10.32
A4557		Lead wires, e.g., apnea monitirs, tens., pair.	\$17.94
A4558		Conductive paste or gel.	\$5.45
A4595		Electrical stimulator supplies, 2 lead, per month, (TENS,NMES). (includes electrodes (any type), conductive paste or gel, tape or other adhesive, adhesive remover, skin prep materials, batteries (9 volt or AA, single use or rechargeable), and a battery charger (if using rechargeable batteries). Maximum of two (2) per month allowed with patient-owned 4-lead TENS unit.	\$28.81
A4630		Replacement batteries for medically necessary transcutaneous electrical nerve stimulator (TENS) owned by patient.	\$6.26


MISCELLANEOUS SUPPLIES







Billing provision limited to one (1) month's supply .

A6440		Zinc paste impregnated bandage, non-elastic, knitted/woven, width greater than or equal to three inches and less than five inches, per roll (at least 10 yards, unstretched). Discontinued for dates of service on and after April 1, 2004.	\$11.38
A4250		Urine test or reagent strips or tablets (100 tablets or strips).	#
A4265		Paraffin, per pound.	#
A4281		Tubing for breast pump, replacement.	#
A4282		Adapter for breast pump, replacement.	#
A4283		Cap for breast pump bottle, replacement.	#
A4284		Breast shield and splash protector for use with breast pump, replacement.	#
A4285		Polycarbonate bottle for use with breast pump, replacement.	#
A4286		Locking ring for breast pump, replacement.	#
A4290		Sacral nerve stimualtion test lead, each.	#

Non-Durable Medical Supplies and Equipment (MSE)

HCPCS	Modifier	Description	October 1, 2003 Maximum Allowable
A4458		Enema bag with tubing, reusable.	#
A4561		Pessary, rubber, any type.	#
A4562		Pessary, non rubber, any type.	#
A4633		Replacement bulb/lamp for ultraviolet light therapy system, each.	#
A4634		Replacement bulb for therapeutic light box, tabletop model.	#
A4639		Replacement pad for infrared heating pad system, each.	#
A4927		Gloves, non sterile, per box of 100 . Included in nursing facility daily rate and in Home Health Care rate.	\$12.00
A4928		Surgical mask, per 20.	#
A4930		Gloves, sterile, per pair . Included in nursing facility daily rate and in Home Health Care rate.	\$0.77
A4931		Oral thermometer, reusable, any type, each.	#
A4932		Rectal thermometer, reusable, any type, each.	#
A6000		Non-contact wound warming wound cover for use with the non-contact wound warming device and warming card.	#
A6410		Eye pad, sterile, each. Maximum of 20 allowed per client per month . Included in nursing facility daily rate.	\$0.39
A6411		Eye pad, non-sterile, each. Maximum of 1 allowed per client per month . Included in nursing facility daily rate.	\$2.35
A6412		Eye patch, occlusive, each.	#
E1399		Durable Medical Equipment Miscellaneous ("Sharps" disposal container for home use, up to one gallon size, each. Limit two per month). Included in nursing facility daily rate. EPA 870000863 must be used when billing this item. Discontinued for dates of service on and after April 1, 2004. Replaced with HCPCS code T5999.	\$3.85
 T5999		Supply, not otherwise specified. ("Sharps" disposal container for home use, up to one gallon size, each. Limit two per month). Included in nursing facility daily rate. <i>EPA 870000863 must be used when billing this item.</i>	\$3.85

Non-Durable Medical Supplies and Equipment (MSE)

HCPCS	Modifier	Description	October 1, 2003 Maximum Allowable
E1399		Durable Medical Equipment Miscellaneous. (Lice comb, such as LiceOut,™ LeisMeister,™ or combs of equivalent quality and effectiveness). Maximum of one (1) allowed, per client, per year. Included in nursing facility daily rate. EPA 870000861 must be used when billing this item. <i>Discontinued for dates of service on and after April 1, 2004. Replaced with HCPCS code T5999.</i>	\$8.91
 T5999		Supply, not otherwise specified. (Lice comb, such as LiceOut,™ LeisMeister,™ or combs of equivalent quality and effectiveness). Maximum of one (1) allowed, per client, per year. Included in nursing facility daily rate. EPA 870000861 must be used when billing this item.	\$8.91
E1399		Supply, not otherwise specified. (Non-toxic gel such as LiceOut™ for use with lice combs, per 8 oz. bottle. Maximum of one (1) bottle allowed per client per year. Included in nursing facility daily rate. EPA 870000862 must be used when billing this item. <i>Discontinued for dates of service on and after April 1, 2004. Replaced with HCPCS code T5999.</i>	\$11.98
 T5999		Durable Medical Equipment Miscellaneous. (Non-toxic gel such as LiceOut™ for use with lice combs, per 8 oz. bottle. Maximum of one (1) bottle allowed per client per year. Included in nursing facility daily rate. EPA 870000862 must be used when billing this item.	\$11.98
E1399		Durable Medical Equipment Miscellaneous. (Other medical supplies not listed). Prior Authorization is required. <i>Discontinued for dates of service on and after April 1, 2004. Replaced with HCPCS code T5999.</i>	65%
 T5999		Supply, not otherwise specified. Durable Medical Equipment Miscellaneous. (Other medical supplies not listed). Prior Authorization is required.	65%
 S8265		Haberman feeder for cleft lip/palate.	65%

**Nondurable Medical Supplies
and Equipment**

- 10. Is Patient's Condition Related To:** Required. Check *yes* or *no* to indicate whether employment, auto accident or other accident involvement applies to one or more of the services described in *field 24*. ***Indicate the name of the coverage source in field 10d*** (L&I, name of insurance company, etc.).
- 11. Insured's Policy Group or FECA (Federal Employees Compensation Act) Number:** Primary insurance. When applicable. This information applies to the insured person listed in *field 4*. Enter the insured's policy and/or group number and his/her social security number. The data in this field will indicate that the client has other insurance coverage and MAA pays as payor of last resort.
- 11a. Insured's Date of Birth:** Primary insurance. When applicable, enter the insured's birthdate, if different from *field 3*.
- 11b. Employer's Name or School Name:** Primary insurance. When applicable, enter the insured's employer's name or school name.
- 11c. Insurance Plan Name or Program Name:** Primary insurance. When applicable, show the insurance plan or program name to identify the primary insurance involved. (*Note: This may or may not be associated with a group plan.*)
- 11d. Is There Another Health Benefit Plan?:** Required if the client has secondary insurance. Indicate *yes* or *no*. If yes, you should have completed *fields 9a.-d*. If the client has insurance, and even if you know the insurance will not cover the service you are billing, you must check *yes*. If **11d.** is left blank, the claim may be processed and denied in error.
- 17. Name of Referring Physician or Other Source:** When applicable, enter the referring physician or Primary Care Case Manager name.
- 17a. I.D. Number of Referring Physician:** When applicable, 1) enter the seven-digit, MAA-assigned identification number of the provider who *referred or ordered* the medical service; OR 2) when the Primary Care Case Manager (PCCM) referred the service, enter his/her seven-digit identification number here. If the client is enrolled in a PCCM plan and the PCCM referral number is not in this field when you bill MAA, the claim will be denied.
- 19. Reserved For Local Use:** When applicable, enter indicator **B** to indicate *Baby on Parent's PIC*. Please specify *twin A or B, triplet A, B, or C* here. **If you have more than one EPA number to bill, place both numbers here.**
- 21. Diagnosis or Nature of Illness or Injury:** When applicable, enter the appropriate diagnosis code(s) in areas 1, 2, 3, and 4. A valid ICD-9-CM code will be required. MAA no longer allows the use of an unspecified/dummy diagnosis code such as V58.9.

Nondurable Medical Supplies and Equipment

22. Medicaid Resubmission: When applicable. If the billing is resubmitted beyond the 365-day billing time limit, you must enter the ICN to verify that your claim was originally submitted within the time limit. (The ICN number is the *claim number* listed on the Remittance and Status Report.)

23. Prior Authorization/EPA Number: When applicable. If the service or equipment you are billing for requires authorization, enter the nine-digit number assigned to you.

24. Enter only one (1) procedure code per detail line (fields 24A - 24K). If you need to bill more than six (6) lines per claim, please use an additional HCFA-1500 claim form.

MAA does not accept "continued" claim forms. Each claim form must be totaled separately.

24A. Date(s) of Service: Required. Enter the "from" and "to" dates using all six digits for each date. Enter the month, day, and year of service numerically (e.g., October 4, 2003 = 100403). **Do not use slashes, dashes, or hyphens to separate month, day, year.**

24B. Place of Service: Required. These are the only appropriate code(s) for this billing instruction:

<u>Code</u>	<u>To Be Used For</u>
12	Client's residence
13	Assisted living facility
31	Skilled nursing facility
32	Nursing facility
99	Other

24C. Type of Service: Not required.

24D. Procedures, Services or Supplies

HCPCS: Required. Enter the appropriate Centers for Medicare and Medicaid (CMS) (formerly known as HCFA) Common Procedure Coding System (HCPCS) procedure code for the services being billed.

MODIFIER: When appropriate enter a modifier.

24E. Diagnosis Code: Required. Enter the ICD-9-CM diagnosis code related to the procedure or service being billed (for each item listed in 24D). A diagnosis code is required for each service or line billed. Enter the code exactly as shown in ICD-9-CM. A valid ICD-9-CM code is required. MAA no longer allows the use of an unspecified/dummy diagnosis code such as V58.9.

**Nondurable Medical Supplies
and Equipment**

- 9d. Enter the insurance plan name or the program name (e.g., the insured's health maintenance organization, or private supplementary insurance).

Please note: DSHS, Welfare, Provider Services, Healthy Kids, First Steps, Medicare, Indian Health, PCCM, Healthy Options, PCOP, etc., are inappropriate entries for this field.

10. **Is Patient's Condition Related To:** Required. Check *yes* or *no* to indicate whether employment, auto accident or other accident involvement applies to one or more of the services described in *field 24*. ***Indicate the name of the coverage source in field 10d*** (L&I, name of insurance company, etc.).
11. **Insured's Policy Group or FECA (Federal Employees Compensation Act) Number:** Primary insurance. When applicable. This information applies to the insured person listed in *field 4*. Enter the insured's policy and/or group number and his/her social security number. The data in this field will indicate that the client has other insurance coverage and MAA pays as payor of last resort.
- 11a. **Insured's Date of Birth:** Primary insurance. When applicable, enter the insured's birthdate, if different from *field 3*.
- 11b. **Employer's Name or School Name:** Primary insurance. When applicable, enter the insured's employer's name or school name.

- 11c. **Insurance Plan Name or Program Name:** Primary insurance. When applicable, show the insurance plan or program name to identify the primary insurance involved. (*Note: This may or may not be associated with a group plan.*)
- 11d. **Is There Another Health Benefit Plan?:** Required if the client has secondary insurance. Indicate *yes* or *no*. If yes, you should have completed *fields 9a.-d*. If the client has insurance, and even if you know the insurance will not cover the service you are billing, you must check *yes*. **If 11d. is left blank, the claim may be processed and denied in error.**
19. **Reserved For Local Use -** Required. When Medicare allows services, enter *XO* to indicate this is a crossover claim.
22. **Medicaid Resubmission:** When applicable. If this billing is being resubmitted more than six (6) months from Medicare's paid date, enter the Internal Control Number (ICN) that verifies that your claim was originally submitted within the time limit. (The ICN number is the *claim number* listed on the Remittance and Status Report.) Also enter the three-digit denial Explanation of Benefits (EOB).
24. **Enter only one (1) procedure code per detail line (fields 24A - 24K).** **If you need to bill more than six (6) lines per claim, please use an additional HCFA-1500 claim form.**

Nondurable Medical Supplies and Equipment

24A. Date(s) of Service: Required. Enter the "from" and "to" dates using all six digits for each date. Enter the month, day, and year of service numerically (e.g., October 4, 2003 = 100403). **Do not use slashes, dashes, or hyphens to separate month, day, or year (MMDDYY).**

24B. Place of Service: Required. These are the only appropriate code(s) for this billing instruction:

<u>Code</u>	<u>To Be Used For</u>
12	Client's residence
13	Assisted living facility
31	Skilled nursing facility
32	Nursing facility
99	Other

24C. Type of Service: Not required.

24D. Procedures, Services or Supplies HCPCS: Required. Enter the appropriate Centers for Medicare and Medicaid (CMS) (formerly known as HCFA) Common Procedure Coding System (HCPCS) procedure code for the services being billed.
MODIFIER: When appropriate enter a modifier.

24E. Diagnosis Code: Enter appropriate diagnosis code for condition.

24F. \$ Charges: Required. **Enter the amount you billed Medicare for the service performed.** If more than one unit is being billed, the charge shown must be for the total of the units billed. Do not include dollar signs or decimals in this field. Do not add sales tax.

24G. Days or Units: Required. Enter the number of units billed and paid for by Medicare.

24K. Reserved for Local Use: Required. Use this field to show Medicare allowed charges. Enter the Medicare allowed charge on each detail line of the claim (see sample).

26. Your Patient's Account No.: Not required. Enter an alphanumeric ID number, for example, a medical record number or patient account number. This number will be printed on your Remittance and Status Report under the heading *Patient Account Number*.

27. Accept Assignment: *Required.* Check yes.

28. Total Charge: Required. Enter the sum of your charges. Do not use dollar signs or decimals in this field.

29. Amount Paid: Required. Enter the Medicare Deductible here. Enter the amount as shown on Medicare's Remittance Notice and Explanation of Benefits. If you have more than six (6) detail lines to submit, please use multiple HCFA-1500 claim forms (see field 24) and calculate the deductible based on the lines on each form. **Do not include coinsurance here.**